



LOTTERY RETAILER BUSINESS INFORMATION

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL

LOTTERY DIVISION (12/2004)

SFN: 54206

SECTION A: BUSINESS TAX INFORMATION

Legal Business Name:		Contact Person:	
Mailing Address:	City:	State:	Zip Code:
Email Address:	Phone Number:	Fax Number:	
Federal Tax ID Number or EIN/SSN (9-digit number):			
Type of Business (please check one of the following):			
<input type="checkbox"/> Sole Proprietorship			
<input type="checkbox"/> Partnership			
<input type="checkbox"/> Corporation			
<input type="checkbox"/> Other (Please Specify): _____			

SECTION B: ELECTRONIC FUNDS TRANSFER AUTHORIZATION

This section will authorize the North Dakota Lottery to electronically withdraw funds from the retailer's bank account of the financial institution listed below.

☐ New Account

☐ Change in Current Account

Financial Institution Name:

Type of account:

☐ Checking

☐ Savings

Business Financial Institution Account Number*:

Financial Institution Routing Number:

Authorized Business Signature:

Date:

* Pursuant to N.D.C.C. 44-04-18.9, the account number is not an open record, but it may be disclosed at the discretion of the North Dakota Office of Management and Budget.

Please make a copy of this form and give to your financial institution.

Send completed form to:

Office of Attorney General

Lottery Division

600 E Boulevard Ave - Dept 125

Bismarck ND 58505-0040

Phone: (701) 328-1574 or

(701) 328-1577

Fax: (701) 328-1580

ATTACH COPY OF VOIDED CHECK HERE